

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90022 041 ****61.25

DOCUMENT # 708697

1. Entity Name

SOUTH FLORIDA PSYCHIATRIC SOCIETY, INC.

Principal Place of Business

Mailing Address

**1550 MADRUGA AVE
#326
CORAL GABLES FL 33146
US**

**POST OFFICE BOX 331266
MIAMI FL 33233-1266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200176

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELLOW, DORIS J.
1550 MADRUGA AVE
#326
CORAL GABLES FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **TOBOLOWSKY, DAVID MD**
STREET ADDRESS **7400 N KENDALL DR 310**
CITY-ST-ZIP **MIAMI FL 33-1156**

TITLE **CD** ☒ Change ☐ Addition
NAME **Rodriguez, Rigoberto M.D.**
STREET ADDRESS **7400 N. Kendall Drive #205**
CITY-ST-ZIP **Miami, FL. 33156**

TITLE **PED** ☐ Delete
NAME **RODRIGUEZ, RIGOBERTO MD**
STREET ADDRESS **7400 N KENDALL DR #205**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PED** ☒ Change ☐ Addition
NAME **Castellanos, Daniel, M.D.**
STREET ADDRESS **Dept. of Psychiatry D 29**
CITY-ST-ZIP **PO Box 016960, Miami, FL. 33101**

TITLE **VD** ☐ Delete
NAME **FELTMAN, DOUGLAS**
STREET ADDRESS **627 CAMILO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** ☒ Change ☐ Addition
NAME **Buki, Virginia, M.D.**
STREET ADDRESS **1320 South Dixie Highway #1301**
CITY-ST-ZIP **Coral Gables, FL. 33146**

TITLE **S** ☐ Delete
NAME **ROTHE, EUGENIO M MD**
STREET ADDRESS **275 GLENRIDGE RD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **T** ☐ Delete
NAME **CASTELLANOS, DANIEL MD**
STREET ADDRESS **1150 N.W. 14TH STREET., 3501**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **T** ☒ Change ☐ Addition
NAME **Leuschke, Sue Ann, M.D.**
STREET ADDRESS **15335 S.W. 288th Street**
CITY-ST-ZIP **Homestead, FL. 33033**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #